Approved for use through 7/3 1/2006, OMB 0651-0031 PTO/58/06 (12-04) Under the Paperwork Reduction Act of 1995, no persons are required to respond to a contection of information unless it displays a yalid OMB pontrol number. U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Application or Docked Humber Substitute for Form PTO-875

	APPLICATION AS FILED - PART I								10/699,550			
ł		(Column 1)			(Column 2)		SMALL ENTITY			OR	OTHER THAN SMALL ENTITY	
ł	FOR		NUMBER F	LED .	NUMBER EXTRA					OMALL		L ENTITY
L	BASIC FEE D7 GER 1.16(1), (b), or (c))		NA		. N/A		RATE(I)	FEE	_		ATE (1)	FEE
	SEARCH FEE (AT CFR 1 10(K, (N, or 1m)) EXAMINATION FEE (AT CFR 1.10(G, U), or (U))		· N/A		NIA.			150.			NA	300.00
1			NA				· NA	\$26	0		N/A	\$500
1	TOTAL CLAME	20101					NA	\$100	0		N/A	\$200
	MOEPENDENT	CLAIMS	min	∪\$ 20 a			X\$ 25 ·			X XI	50 _	1
1	37 CFR 1.16(h))	·	minus 3. e		•		X100 _				00	<del></del>
APPLICATION SIZE FEE (37 CFR 1.16(s))  If the specification and disheets of paper, the applies \$250 (\$125 for small e additional 50 sheets or from 35 U.S.C. 41(a)(1)(G) and					on size fee due						•	
	CULTIPLE DEPE	NOENT CLAIM		71	+180=	<del> </del>	$\dashv$	+3	60=	<del> </del>		
•.	If the difference t	in column 1 is te	ma 2.	L	TOTAL	· ·	-1.					
		PLICATION	•				J	TO	TAL	-		
AMENDMENTAL	Total arcer transl thompsendent arcer transl Application Si	Column 1 CLAIMS REMAININ AFTER AMENDMEI	G. NT Minus Minus	<b>L/X</b> 5	PRESENT	1 1-	SMALL E  RATE (1)  (\$ 25	ADDI- TIONAL FEE (\$)	OR OR	жата X\$50 X200		THAN NTITY ADOL TOTAL FEE (1)
	FIRST PRESEN	TATION OF MULT	IPLE DEPENC	DENT CLAIM (37 (	CFR 1.16@1		180=		4			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)  (Column 1) (Column 2) (Column 3)							OTAL DOL FEE		OR OR	+360 TOTAL ADO'L FI		
EN B	Total	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	,		ADD(- TIONAL FEE (1)		RATE (	3)	-IOOA
	(D) CFR (L10(II)		Minue,	-	*	X	\$ 25 .	(*/		Verd		FEE (I)
	DY CHR F. 10(VI)	•	Minus	•••	2		100 .		OR .	X\$50	-	
•	Application Size Fee (37 CFR 1.16(s))								OR 1	X200	α .	
L	THO PRESENT	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)					180=		OR .	+360=		
٠.							TAL.			TOTAL	-	

\* If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

\*\*SPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to lake 12 minutes to completed studing gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient of Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

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